

i. EPA/STATE Hazardous Waste I.D.#

W A D 0 0 9 0 3 6 9 C 5

II. Waste Designated By:

RCRA / State SO  
State Only  
Non-Regulated / Non-Handler / Protective Filing

III. Exemption Status:

RCRA Exempt Recycler  
State Exempt Recycler  
Below OEL  
Other

IV. Handling

Emergency  
Remedial Action  
One-Time-Only  
Other

DEPARTMENT USE ONLY

FORM 2

# NOTIFICATION ( DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications  
Washington State Department of Ecology  
M / S PV-11 Olympia, WA. 98504-8711  
(206) 459-6314 / 6305 / 6306

DATE IN TO DEPARTMENT

Wa 6906 2a  
1-26-88 DI  
RECEIVED  
OREGON OPERATIONS OFFICE  
Init: 65 Date: 1-26-88 Reg: 45  
EPA: Date: Copy:  
Input: Update: Ack:  
DEPARTMENT USE ONLY  
OLYMPIA, WA.

1. ☒ A. FIRST NOTIFICATION

☐ B. REVISED NOTIFICATION  
(enter current I.D.# in upper left)

revisions effective: MO. / DAY / YR

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)

☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

☒ E. SITE CLOSED (We are no longer conducting business at this location and want our ID No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY SECONDARY OTHER

3. NAME OF COMPANY

R I D G E F I E L D B R I C K & T I L E ( R B T S I T E )  
(SEE COMMENTS -- SECTION 13)

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

P.O. B O X 5 1 8

CITY OR TOWN

R I D G E F I E L D

STATE

W A

ZIP CODE

9 8 6 4 2 -

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

3 5 1 0 N.W. 2 8 9 t h S T.

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

C L A R K

CITY OR TOWN

R I D G E F I E L D

STATE

W A

ZIP CODE

9 8 6 4 2 -

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☐ GENERATOR

B. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)

(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL

(d) ☐ WATER (e) ☐ OTHER

D. ☐ UNDERGROUND INJECTION

C. ☐ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)

(1) ☐ TREATMENT

(2) ☐ STORAGE

(3) ☐ DISPOSAL

(4) ☐ WE ACCEPT OFF-SITE WASTES

8. CONTACT PERSON

NAME (last),

(first)

M c Q U I G G I N

V I N C E N T F.

TITLE

P R O J E C T C O O R D I N A T O R

PHONE NO. (area code & number)

2 0 6 - 8 8 7 - 3 5 6 2

9A. OWNERSHIP (Legal Owner(s) of this Company)

R I D G E F I E L D B R I C K & T I L E

9B. OWNERSHIP (Legal Owner(s) of site (Property) )

P A C I F I C W O O D T R E A T I N G

10. TYPE OF OWNERSHIP

(enter letter code in box)

P

[illegible]

☐ Batch Frequency \_\_\_\_\_ B. ☐ PER MONTH

SECTION I -- Site was closed 10-17-83 under a DOE approved closure/post closure plan.

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES  
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM  
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT  
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)  
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)  
I. ☐ OTHER (specify) \_\_\_\_\_

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED:  
3-29-85